

FOR UTILITY/DESIGN  
CIP/PCT NATIONAL/PLANT  
ORIGINAL/SUBSTITUTE/SUPPLEMENTAL  
DECLARATIONS

RULE 63 (37 C.F.R. )  
DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATION  
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PM & S  
FORM

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the **INVENTION ENTITLED CYCLOPHOSPHAMIDE FILM COATED TABLETS**

the specification of which (CHECK applicable BOX(ES))  
X → ☐ is attached hereto.  
BOX(ES) → ☒ was filed on June 15, 1999 as U.S. Application No. /  
→ ☐ was filed as PCT International Application No. PCT/ / on

and (if applicable to U.S. or PCT application) was amended on

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment related to above. I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate filed by me or my assignee disclosing the subject matter claimed in this application and having a filing date (1) before that of the application on which priority is claimed, or (2) if no priority claimed, before the filing date of this application:

**PRIOR FOREIGN APPLICATION(S)**

Number	Country	Day/MONTH/Year Filed
198 26 517.4	Germany	15 June, 1998

**Date first Laid-  
open or Published**

**Date Patented  
or Granted**

Priority Claimed	
Yes No	
X	

I hereby claim domestic priority benefit under 35 U.S.C. 119/120/365 of the indicated United States applications listed below and PCT international applications listed above or below and, if this is a continuation-in-part (CIP) application, insofar as the subject matter disclosed and claimed in this application is in addition to that disclosed in such prior applications, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of each such prior application and the national or PCT international filing date of this application:

**PRIOR U.S. PROVISIONAL, NONPROVISIONAL AND/OR PCT APPLICATION(S)**

Application No. (series code/serial no.)	Day/MONTH/Year Filed
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Status
pending, abandoned, patented

Priority Claimed
Yes No

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

And I hereby appoint Pillsbury Madison & Sutro LLP, Intellectual Property Group, 1100 New York Avenue, N.W., Ninth Floor, East Tower, Washington, D.C. 20005-3918, telephone number (202) 861-3000 (to whom all communications are to be directed), and the below-named persons (of the same address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent, and I hereby authorize them to delete names/numbers below of persons no longer with their firm and to act and rely on instructions from and communicate directly with the person/assignee/attorney/firm/ organization who/which first sends/sent this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instruct the above firm and/or a below attorney in writing to the contrary.

Name	Number	Name	Number	Name	Number	Name	Number
Paul N. Kokulis	16773	Dale S. Lazar	28872	Mark G. Paulson	30793	Michael R. Dzwonczyk	36787
Raymond F. Lippitt	17519	Paul E. White, Jr.	32011	Stephen C. Glazier	31361	W. Patrick Bengtsson	32456
G. Lloyd Knight	17698	Glenn J. Perry	28458	Paul F. McQuade	31542	Jack S. Barufka	37087
Carl G. Love	18781	Kendrew H. Colton	30368	Ruth N. Morduch	31044	Adam R. Hess	41835
Kevin E. Joyce	20508	G. Paul Edgell	24238	Richard H. Zaitlen	27248		
George M. Sirilla	18221	Lynn E. Eccleston	35864	Roger R. Wise	31204		
Donald J. Bird	25323	Timothy J. Klima	34852	Jay M. Finkelstein	21082		
Peter W. Gowdey	25872	David A. Jakopin	32995	Anita M. Kirkpatrick	32617		

(1) INVENTOR'S SIGNATURE:

Date: 4/17/99

Jürgen		ENGEL	
First	Middle Initial	Family Name	
Residence	Alzenau	Germany	Germany
City	State/Foreign Country		Country of Citizenship
Post Office Address	Erlenweg 3, D-63755 Alzenau, Germany		
(include Zip Code)			

(2) INVENTOR'S SIGNATURE:

Date: 7/30/99

Jürgen		RAWERT	
First	Middle Initial	Family Name	
Residence	Alzenau	Germany	Germany
City	State/Foreign Country		Country of Citizenship
Post Office Address	Bezirksstrasse 27, D-63755 Alzenau, Germany		
(include Zip Code)			

(FOR ADDITIONAL INVENTORS, check box ☒ to attach PAT 116-2 same information for each re signature, name, date, citizenship, residence and address.)

## DECLARATION AND POWER OF ATTORNEY

(continued)

## ADDITIONAL INVENTORS

(3) INVENTOR'S SIGNATURE:

*Dieter Saerchier*

Date:

*7/26/99*

Dieter		SAUERBIER	
First	Middle Initial	Family Name	
Residence	Werther	Germany	Germany
City	State/Foreign Country		Country of Citizenship
Post Office Address	Rauhe Horst 18, D-33824 Werther, Germany		
(include Zip Code)			

(4) INVENTOR'S SIGNATURE:

*Burkhard Wicher*

Date:

*7/26/99*

Burkhard		WICHERT	
First	Middle Initial	Family Name	
Residence	Bielefeld	Germany	Germany
City	State/Foreign Country		Country of Citizenship
Post Office Address	Roonstrasse 48, D-33615 Bielefeld, Germany		
(include Zip Code)			

(5) INVENTOR'S SIGNATURE:

Date:

First	Middle Initial	Family Name	
Residence			
City	State/Foreign Country		Country of Citizenship
Post Office Address			
(include Zip Code)			

(6) INVENTOR'S SIGNATURE:

Date:

First	Middle Initial	Family Name	
Residence			
City	State/Foreign Country		Country of Citizenship
Post Office Address			
(include Zip Code)			

(7) INVENTOR'S SIGNATURE:

Date:

First	Middle Initial	Family Name	
Residence			
City	State/Foreign Country		Country of Citizenship
Post Office Address			
(include Zip Code)			

(8) INVENTOR'S SIGNATURE:

Date:

First	Middle Initial	Family Name	
Residence			
City	State/Foreign Country		Country of Citizenship
Post Office Address			
(include Zip Code)			

(9) INVENTOR'S SIGNATURE:

Date:

First	Middle Initial	Family Name	
Residence			
City	State/Foreign Country		Country of Citizenship
Post Office Address			
(include Zip Code)			